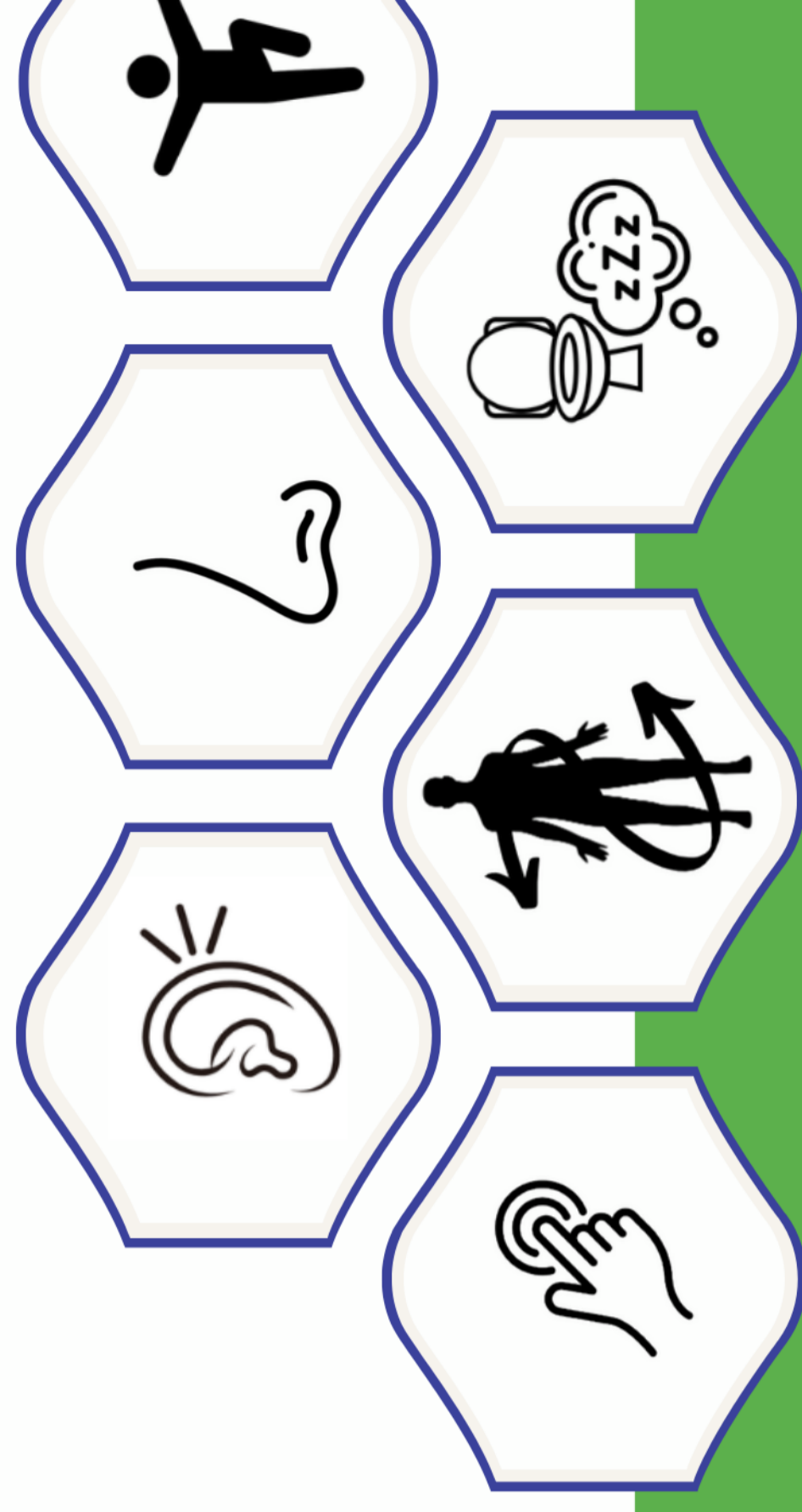




# POSITIVE SENSORY PROFILING

Parent/Carer Questionnaire



Child's Name

Date of Birth

Date Completed

Completed By/Relationship to the Child

# GENERAL INFORMATION

Food/Diet/Eating

Sleep/Bedtimes

Special Interests/Routines

Out and About/Holidays/Visits

Please indicate those sensory issues that you feel have the greatest impact on your child's abilities to access daily expectations/learn in school

**THANK YOU FOR  
TAKING THE TIME TO  
COMPLETE THIS  
QUESTIONNAIRE.**

**YOUR CONTRIBUTION IS  
A VALUABLE PART OF  
THE POSITIVE SENSORY  
PROFILING PROCESS.**

**PLEASE RETURN  
THIS BOOKLET TO  
SCHOOL ONCE  
COMPLETED.**

# EMOTIONAL/SOCIAL

Behaviours

	FREQUENTLY	SOMETIMES	NEVER
Impulsive, appears to act before thinking			
Explosive, prone to distressed behaviours			
Displays 'aggression' towards self / others			
Finds changes in routines difficult to accept			
Finds it difficult to follow verbal instructions /direction			
Gives up easily, low resilience			
Overly serious			
Cries easily, becomes upset / whines – easily becomes overwhelmed			
Low self-esteem / poor self-perception			
Can appear stubborn, inflexible, uncooperative			
Highly sensitive, can't take criticism			
Voice verbal control difficulties			

**Specific examples or comments**

For each behaviour described in each section, please tick the column that represents the frequency with which this behaviour has occurred during the last month.

This information will be considered alongside that of the school staff (behaviours observed in school) and will help to create a Positive Sensory Profile. The profile will inform the nature of sensory support necessary to promote regulation, focus and attention.

# SIGHT

Eye movements and visual processing

	FREQUENTLY	SOMETIMES	NEVER
Is easily distracted by visual stimulation			
Sensitive to lights and sunlight			
Can become focused on 'small details'			
Can struggle to see specific objects on a busy picture			
Avoids/Prefers certain colours. May prefer 'block' colours to patterns			
Finds sustained focus on TV/ computer screen difficult			
Dislikes being in the dark			
Enjoys visually busy tasks/games/action-packed TV shows			
Enjoys shiny and/or spinning objects			
Moves hands / fingers / objects in front of their eyes constantly			
Squints or rubs eyes			

**Specific examples or comments**

# SOUND

Sensitivity to sounds, tone/frequency, volume

	FREQUENTLY	SOMETIMES	NEVER
Is easily distracted by visual stimulation			
Sensitive to lights and sunlight			
Can become focused on 'small details'			
Can struggle to see specific objects on a busy picture			
Avoids/Prefers certain colours. May prefer 'block' colours to patterns			
Specific examples or comments			

# TASTE & SMELL

Gustatory & Olfactory Sensory Systems

	FREQUENTLY	SOMETIMES	NEVER
Appears to notice smells others don't			
Only eats soft food			
Eats everything			
Limited food preferences, only eats certain foods (may include only eating certain brands, or 'bland' looking foods)			
Drinks through a straw or special cup/bottle			
Becomes distressed at teeth cleaning			
Likes highly flavoured foods / craves intense flavours			
Eats very quickly, may pack food into the mouth before chewing/swallowing			
Excessive drooling			
Prefers crunchy and/or chewy foods			
Specific examples or comments			

# INTEROCEPTION

The body's 'dashboard'

Please highlight all that apply

## PAIN

- Unaware when they are hurt unless they can see it
- Under responsive to pain
- Heightened respond to pain/itch

## HUNGER AND THIRST

- Don't feel hungry
- Do not seem to feel full
- Satisfied after eating
- Don't feel thirsty

## ACTIVITY & TIREDNESS

- Unaware of increased heart rate
- Heightened response to increased heart rate
- Do not seem to recognise when tired
- Heightened response to feeling tired

## TEMPERATURE

- Unaware if they are too hot or cold
- Heightened response to being hot and cold

## PERSONAL CARE

- Unaware when they are hurt unless they can see it
- Under responsive to pain
- Heightened respond to pain/itch

## GENERAL

- Delayed response to feeling unwell
- Alexithymia (emotional and physical wires getting crossed, e.g. they may know they feel cold but do not recognise this as a possible sign of fear/anxiety)

Specific examples or comments

# FINE MOTOR SKILLS

	FREQUENTLY	SOMETIMES	NEVER
Grasps objects			
Scribbles spontaneously			
Eats food with fingers			
Eats food with spoon/fork			
Turns pages individually in a book			
Uses finger pointing when looking at books/pictures/objects			
Activities such as stacking blocks, stringing beads, fitting objects into holes			
Can do buttons/zips			
Moves hands/fingers/objects in front of their eyes constantly			
<b>Do you think your child has/uses a dominant hand?</b> <i>Highlight as appropriate</i>			
	<b>Right</b>	<b>Left</b>	<b>Not Seen</b>
			<b>Both</b>

Specific examples or comments

# TOUCH

Tactile Sensory System

	FREQUENTLY	SOMETIMES	NEVER
Seems very sensitive to touch – e.g. dislikes being dried by a towel, being ticked/excessively ticklish etc. (Please specify)			
Has trouble keeping hands to themselves - needs to touch and 'fiddle'			
Avoids messy play/activities			
Seems unaware of being touched / bumped			
Explores objects by putting them in the mouth			
Has difficulty being close to people e.g. standing in a line, Becomes distressed in crowded places			
Frequently adjusts clothing e.g. socks need to be/feel right, dislikes waistbands, long sleeves etc			
Likes labels cut out of clothes			
Resists having teeth brushed, nails or hair cut			
Sensitive to food textures			
Needs to be wrapped up tight to sleep			
Prefers tight fitting clothes			
Enjoys rough and tumble play			
Seeks tight spaces – e.g. hides in cupboards, under tables			
Engages in self-stimulatory / self-injurious behaviour please specify below			

Specific examples or comments

# BALANCE

Vestibular Sensory System

	FREQUENTLY	SOMETIMES	NEVER
Grasps objects			
Scribbles spontaneously			
Eats food with fingers			
Eats food with spoon/fork			
Turns pages individually in a book			
Uses finger pointing when looking at books/pictures/objects			
Activities such as stacking blocks, stringing beads, fitting objects into holes			
Can do buttons/zips			
Moves hands/fingers/objects in front of their eyes constantly			

Specific examples or comments

# GROSS MOTOR SKILLS

	FREQUENTLY	SOMETIMES	NEVER
'Clumsy', often bumps into things			
Doesn't extend arms to break their fall			
Appears lethargic / tires easily			
Appears 'stiff', with awkward movements. Poor gait when walking (e.g. unsteady on their feet)			
Moves with quick bursts of activity rather than sustained effort			
Leans on objects or other people (for stability)			
Reluctant to participate in physical activities			
Seems to find learning new motor tasks difficult e.g. climbing stairs, riding a bike, hesitates on playground equipment			

Specific examples or comments

# PROPRIOCEPTION

Body Awareness/Muscle & Joint Function

	FREQUENTLY	SOMETIMES	NEVER
Plays roughly with people / objects			
Uses too much force and effort			
Heavy stamping walk			
Seeks opportunities to fall and crash into things /to ground			
Bites /chew clothing / objects			
Frequently gives / requests firm hugs			
Uses too little force and effort, including a weak grasp			
Chooses thick or heavy blankets			